

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F C T D 0 0 1 1 6 7 4 9 3	
II. POLLUTANT CHARACTERISTICS		III. NAME OF FACILITY THE BALL & SOCKET MFG CO		IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) FILAORO JAMES VP OPERATIONS B. PHONE (area code & no.) 203 272 5381	
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 493 WEST MAIN ST B. CITY OR TOWN CHESHIRE C. STATE CT D. ZIP CODE 06410		VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 493 WEST MAIN ST B. COUNTY NAME NEW HAVEN C. CITY OR TOWN CHESHIRE D. STATE CT E. ZIP CODE 06410 F. COUNTY CODE (if known)		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
(specify) 3 9 6 3 Metal Fabrication (Buttons)				(specify) 7			
C. THIRD				D. FOURTH			
(specify) 7				(specify) 7			

VIII. OPERATOR INFORMATION

A. NAME						B. Is the name listed in Item VIII-A also the owner?	
THE BALL & SOCKET MFG. CO.						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)				C A 2 0 3 2 7 2 5 3 8 1			

E. STREET OR P.O. BOX					
4 9 3 WEST MAIN ST.					

F. CITY OR TOWN				G. STATE		H. ZIP CODE		IX. INDIAN LAND	
CHESHIRE				CT		0 6 4 1 0		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
0 0 2 0 8 7 7				9 P			
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9 U				(specify)			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9 R				(specify)			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Ball & Socket manufactures metal plated and fabric covered buttons for garments, automobiles and upholstery. Metal buttons may be zinc coated or nickel plated and with various antique looks requiring oxide coatings. We also do sub-contract work for other companies that may include zinc, nickel and other coatings.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
James Filaoro, V.P.-Operations		<i>James Filaoro</i>		11/10/80	

COMMENTS FOR OFFICIAL USE ONLY

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III. PROCESSES — CODES AND DESIGN CAPACITIES

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

- | PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|--|-------------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | INCINERATOR | | |
| Disposal: | | | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | T04 | GALLONS PER DAY OR LITERS PER DAY |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

S		T/A		C		DUP		1									
1	2	13	14	15	16	17	18	19	20								
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY		
		1. AMOUNT (specify)			2. UNIT OF MEASURE (enter code)					1. AMOUNT			2. UNIT OF MEASURE (enter code)				
		16	17	18	19	20	21	22		16	17	18	19	20	21	22	
X-1	S 0 2	600					G		5	S 0 1	Spent perchlor 300					G	
X-2	T 0 3	20					E		6								
1	T 0 2	Lagoons 35,000					G		7								
2	T 0 1	Treatment Sys. 35,000					G		8								
3	T 0 4	Nickel still					G		9								
4	S 0 1	Spent Bath 300 600					G		10								

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "104"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Unit described is nickel recovery unit. "A closed loop system".

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY																								
W C T D 0 0 1 1 6 7 4 9 3															W DUP																								
1 2 13 14 15															1 2 13 14 15 23 26																								
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																							
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																																			
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																											
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60		
1	F	0	0	6	144,000								P	T	0	2																							
2	F	0	0	7	2,000								P	S	0	1																							
3	F	0	0	1	4,000								P	S	0	1																							
4	D	0	0	0	12,000								T	T	0	1	T	0	2																				
5	D	0	0	0	2,600								T	T	0	4																							
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E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

V. FACILITY DRAWING

VI. PHOTOGRAPHS

VII. FACILITY GEOGRAPHIC LOCATION

0	7	4	0	0	0	0	0
4	1	3	0	3	0		
72	-	74	75	76	77	-	78

VIII. FACILITY OWNER

- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

6. ZIP CODE

IX. OWNER CERTIFICATION

A. NAME (*print or type*)

B. SIGNATURE

C. DATE SIGNED

James Filaoro, V.P.-Operations

SIGNATURE *Sono F. Laro*

11-18-8E

X. OPERATOR CERTIFICATION

A. NAME (*print or type*)

B. SIGNATURE

C. DATE SIGNED _____

James Filaoro, V.P.-Operations

SIGNATURE *James F. Brown*

11-18-JC

JUN 13 1983

LEWIS, SHARP & LEWIS

ATTORNEYS AT LAW

39 RUSS STREET

HARTFORD, CONNECTICUT 06106

ARTHUR M. LEWIS
GREGORY A. SHARP
SCOTT FOSTER LEWIS

TELEPHONE 278-2300

AREA CODE 203

June 9, 1983

*changed
R 6/21*

U.S. Environmental Protection Agency
Region I
SWPB, 19th Floor
John F. Kennedy Federal Building
Boston, MA 02203

Attention: Ms. Cindy Gilder

Re: The Ball and Socket Manufacturing Company of Delaware, Inc.

Dear Ms. Gilder:

In accordance with our telephone conference of May 24, 1983, I am enclosing a revised Part A Permit application, Forms 1 and 3, to reflect a change in ownership of the present manufacturing facility owned by The Ball and Socket Manufacturing Company at 493 West Main Street, Cheshire, CT. The existing EPA identification ID Number is CTD001167493. No change in operation is contemplated at this time which would affect the substance of the RCRA Part A Permit.

The new corporate owner, as indicated on the enclosed application, will be The Ball and Socket Manufacturing Company of Delaware, Inc. The new corporation requests a new EPA Identification Number, and I therefore have not filled in that information on the forms.

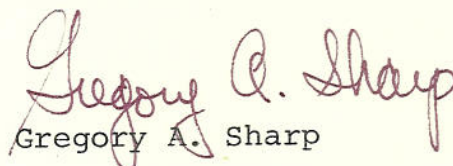
With respect to item XI of Form 1 and items V and VI of Form 3, the new owner will rely on the map, drawing and photographs submitted on November 10, 1980 by the current permit holder, as no material changes have occurred since that time.

The new owner plans to assume control of the facility on June 14, 1983, provided all of the necessary corporate filings and resolutions

June 9, 1983

are in order, and since it is crucial to the new owner to be operational on that date, I would appreciate it if you could notify me as soon as possible of the new owner's EPA Identification Number. I will work with Mr. Giroux to ensure that all of the necessary financial requirements are met prior to that date.

Very truly yours,


Gregory A. Sharp

GAS/ljc

Cc: Barry Giroux, CT DEP